I. CALL TO ORDER – Debbie Johnson, Chair, UNM Hospital Board of Trustees

II. ANNOUNCEMENTS

III. ADOPTION OF AGENDA

IV. PUBLIC INPUT

V. CONSENT APPROVAL/INFORMATIONAL AGENDA (Ella Watt)
   • Consent/Approval Items (Approval)
     ◆ Intuitive Surgical, Inc. $3,005,000
     ◆ Philips Healthcare $15,000,000

VI. APPROVAL OF THE MINUTES
   • April 28, 2017 UNMH Board of Trustees Meeting Minutes (Approval)
   • May 19, 2017 UNMH Special Board of Trustees Meeting Minutes (Approval)

VII. BOARD INITIATIVES
   • UNMH Quality and Safety Committee Policy (Approval) – Steve McKernan/Robb McLean, MD
   • UNMH Executive Retirement Design – Sara Frasch
   • 401(a) Plan 4th Amendment – Sara Frasch
   • 415(m) Executive Retirement Plan – Sara Frasch
   • Mission Excellence Update – Sara Frasch

VIII. ADMINISTRATIVE REPORTS
   • CEO, UNM Hospitals – Steve McKernan
   • CMO, UNM Hospitals – Irene Agostini, MD
   • UNM Board of Regents Update – Steve McKernan
   • Chief of Staff Update – Jennifer Phillips, MD

IX. UPDATES
   • HSC Strategic Plan – Richard Larson, MD

X. COMMITTEE REPORTS
   • Performance Oversight / Community Benefits Committee – Dr. Raymond Loretto
   • Finance, Audit & Compliance Committee – Jerry McDowell
   • Native American Services Committee – Jerry McDowell
   • Executive Committee – Debbie Johnson

XI. OTHER BUSINESS
   • May Financials – Ella Watt

XII. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session.
   a. Discussion and determination where appropriate of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA.
   b. Discussion and determination, where appropriate, of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant pursuant to Section 10-15-1.H (7), NMSA.
   c. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.
   d. Vote to re-open the meeting

XIII. Certification that only those matters described in Agenda Item XII were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.
UNM Hospital Board of Trustees
May 2017
Recommendation to HSC Committee
June 2017

Approval

(1) Intuitive Surgical, Inc.

Ownership: Intuitive Surgical, Inc.
1020 Kifer Road
Sunnyvale, CA 94086-5304

Officers Information:
President and CEO: Gary Guthart, PhD
Chairman of the Board of Directors: Lonnie Smith

Source of Funds: UNM Hospital Capital and Operating Budget

Description: Request approval to purchase a da Vinci Robotic Surgery System and maintenance agreement. This system is being requested to replace current 9 year-old robotic console that is outdated technology and will no longer be supported after August of 2017. The da Vinci Surgical system enables surgeons to perform delicate and complex operations through a few small incisions. Powered by robotic technology, the system translates the surgeon’s hand, wrist and finger movements into precise movements of surgical instruments. Robotic-assisted surgery is a surgical option that benefits the patient including less blood loss, fewer complications, shorter hospital stays, smaller incisions for minimal scarring and faster recovery.

Process: Sole Source which will meet its 30-day posting period on June 16, 2017.
The da Vinci Robotic Surgery System is currently utilized by Otolaryngology (ENT), Gynecology (GYN), Urology, and Cardio Thoracic. Physicians supporting the upgraded technology include the following: Irene Agostini MD, Chief Medical Officer, Satyan Shah, MD, Director of Robotic Surgery, Andrew Cowen, MD (ENT), Teresa Rutledge, MD (GYN), and Mohammed Hassan, MD (Cardio Thoracic).

Previous Contract: Item purchased nine years ago.
Previous Term: N/A Prior purchase was Equipment purchase
Previous Contract Amount: N/A

Contract Term: Service Agreement is a five (5) year agreement.

Termination Provision: Either party may terminate this agreement if the other party breaches a material term or condition and fails to cure the breach following thirty (30) days or may be terminated without cause upon thirty (30) days written notice by either party.

Contract Amount: Total cost is $3,005,000. Equipment and shipping is $2,289,000 and maintenance agreement is $179,000 per year for years two through five for a total of $2,289,000 capital and $716,000 Operating.
(2) Philips Healthcare

Ownership:
3000 Minuteman Road
Andover, MA 01810

Officers Information:
CEO: Frans van Houten

Source of Funds: UNM Hospital Capital Budget

Description: Request approval to purchase from Philips Healthcare equipment to replace the current cardiac monitoring equipment in University of New Mexico Hospital. The current equipment in the hospital is approximately 10 years old and is at end of life or approaching end of life. Replacement parts are difficult to obtain. The proposal is to replace approximately 750 monitors throughout the system with state-of-the-art monitoring capabilities. The project is planned to take place over a two to three year period. The current system is in need of updating to reflect changes in patient care including end tidal carbon dioxide monitoring.

The requested equipment provides technology that will improve workflow and monitoring capability of all patient populations from neonates to adults. Features include an early warning system that alerts nursing personnel to changes in patient condition allowing appropriate interventions and improved patient care. Philips monitoring equipment associates well with the technology in the neuroscience intensive care unit. This capability will continue to set UNM apart as a facility for advanced neurological/neurosurgical patient care.

It is anticipated that there will be needed upgrades to support wireless technology that will enable monitoring of the patient as they travel through the hospital from unit to testing areas (i.e. Radiology). The technology allows for advancing patient care to current industry standards and providers and nurses flexibility and input into how patients are monitored. Expanded telemetry capabilities will allow for early ambulation of patients thereby improving patient safety and improve patient satisfaction by allowing patient mobility.

Process: Quotes received from Vizient (formerly Novation) GPO vendors:
1. GE Healthcare
2. Philips
3. Spacelabs
   Purchase to be made under Philips Vizient contract #CE3035.

Previous Contract: GE Healthcare
Previous Term: N/A
Previous Contract Amount: N/A

Selection Criteria: Monitor committee members as well as hospital staff including physicians, registered nurses, clinical engineering, and representatives from informatics evaluated monitoring equipment from the three vendors. Voting members of the monitor committee made their selection based on needs of their particular patient populations and feedback from their constituents. Interviews with facilities that have purchased both Philips and Spacelabs monitors were conducted to discuss their experience with the products and service provided by the vendors.

Total Cost: $15,000,000 ~ estimated
## Agenda Item | Subject/Discussion | Action/Responsible Person
--- | --- | ---
Voting Members Present | Debbie Johnson, Jerry McDowell, Christine Glidden, Aimee Smidt, Joseph Alarid, Erik Lujan, Raymond Loretto, and Nick Estes |  
Ex-Officio Members Present | Stephen McKernan, Dr. Irene Agostini, Dr. Paul Roth, and Dr. Michael Richards |  
County Officials Present | Mario Ruiz |  
### I. Call to Order
A quorum being established, Ms. Debbie Johnson, Chair, called the meeting to order at 9:05 AM

### II. Adoption of Agenda
Ms. Debbie Johnson, Chair, requested a motion to adopt the agenda.

### III. Announcements
N/A

### IV. Public Input
N/A

### V. Consent Approval
Mr. Steve McKernan gave a briefing on the CareFusion Pyxis Upgrades and Cerner PowerWorks, which were reviewed by Finance & Audit Committee and recommended to be taken to the Board for approval. Ms. Debbie Johnson, Chair, asked if there were any comments from the Finance & Audit Committee or any Board Members. No comments. Ms. Debbie Johnson, Chair, requested a motion to approve as submitted.

Dr. Raymond Loretto moved to approve the CareFusion Pyxis Upgrades and Cerner PowerWorks consent items. Mr. Jerry McDowell seconded the motion. There being no objections, the motion carried.

### VI. Approval of Minutes
Ms. Debbie Johnson, Chair, requested a motion to approve the UNM Hospital Board of Trustees March 31, 2017 Meeting Minutes.

Mr. Nick Estes made a motion to approve the March 31, 2017 Board of Trustees Meeting Minutes. Dr. Raymond Loretto seconded motion. The motion passed unanimously.

### VII. Board Initiatives
Carrie Tingley Hospital Healthcare Member Vacancy Nominees: Mr. Stephen McKernan presented Mary J. Blessing, Parent Member, as nominated by Doris Tinagero, Executive Director, CTH & Pediatric Ambulatory and Julia C. Barker, Community Member, as Nominated by Sarah Nelson Howse, Community Member and Chair.

Mr. Michael Chicarelli and Ms. Ella Watt gave an update on the Replacement Hospital (document included in packet). Mr. Stephen McKernan indicated management would like to recommend the Board of Trustees endorse to the Board of Regents on proceeding to the next phase of architectural consulting process. Mrs. Debbie Johnson requested a motion to approve the Resolutions recommending that UNM Hospital management proceed to the next Phase of planning prefatory to development of a modern medical facility capital project.

Mr. Nick Estes made a motion to approve Mary J. Blessing, Parent Member, and Julia C. Barker, Community Member, for Carrie Tingley Hospital Healthcare Member Vacancies. Mr. Joseph Alarid seconded motion. The motion passed unanimously.

Mr. Nick Estes made a motion to approve Resolutions recommending that UNM Hospital management proceed to the next Phase of planning prefatory to development of a modern medical facility capital project. Mr. Joseph Alarid seconded motion. The motion passed unanimously.
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Subject/Discussion</th>
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<tr>
<td>Mr. Stephen McKernan reported that UNMH has been engaged with New Mexico Division of Vocational Rehabilitation, New Mexico Developmental Disabilities Support Division and Albuquerque Public Schools Transition Services to identify and train people with developmental disabilities to become productive employees, principally in a health care environment. Mr. Stephen McKernan said Regent Koch introduced UNMH to the program as his daughter participated in it while in Texas. Regent Koch worked with UNM’s Center for Disability and Development, UNM HSC and UNMH, who worked collaboratively to initiate the program. The Koch’s daughter was commencement speaker at the first UNMH Project SEARCH graduation ceremony. Mr. Stephen McKernan requested the Board of Trustees approve naming the program The Nene and Jamie Koch Project Search Training Program at UNM Hospital.</td>
<td>Mr. Joseph Alarid made a motion to approve naming the program The Nene and Jamie Koch Project Search Training Program at UNM Hospital. Dr. Raymond Loretto seconded motion. The motion passed unanimously.</td>
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<tr>
<td>VIII. Administrative Reports</td>
<td><strong>Chancellor for Health Services Report:</strong> Dr. Paul Roth reported the team has been working on response to comments from Mission Excellence about ways to facilitate decision making within the organization. Dr. Paul Roth has been working with Mr. Steve McKernan and Dr. Michael Richards on how roles will change to allow for more responsive decision making and to create an environment that would establish better satisfaction within the environment. Mr. Steve McKernan will shift 100% of his efforts to being the CEO of UNMH and will transfer COO responsibilities to Dr. Michael Richards in combination with other duties at the health system. Dr. Michael Richards will delegate some of his responsibilities to others. Dr. Michael Richards will assist Dr. Paul Roth with day to day operations with clinical components. Dr. Martha McGrew’s role will be expanded. Dr. Paul Roth indicated a Retreat was held with the Committee of Chairs and hospital organization to review how we might rearrange the decision tree within the hospital. The challenge is to determine how to get the hierarchy of the medical school to fit in with the hospital. We believe we have a model which we hope to present a final version at a future Board of Trustees meeting. <strong>CEO Report:</strong> The CEO (report is in the packet). <strong>CMO Report:</strong> The CMO (report is in the packet). <strong>UNM Board of Regents:</strong> No report – meeting cancelled.</td>
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<tr>
<td>X. Committee Reports</td>
<td><strong>Performance Oversight &amp; Community Engagement Committee:</strong> The Performance Oversight &amp; Community Engagement Committee met on April 21, 2017.</td>
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<td>Agenda Item</td>
<td>Subject/Discussion</td>
<td>Action/Responsible Person</td>
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<td>Finance, Audit &amp; Compliance Committee:</td>
<td>The Finance, Audit &amp; Compliance Committee met on April 26, 2017. Mr. Jerry McDowell indicated there continues to be a heroic effort by everyone at the hospital to do what is prudent and not to sacrifice patients in turbulent times.</td>
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<td>Native American Services Committee:</td>
<td>The Native American Services Committee met on April 26, 2017.</td>
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<td>Executive Committee:</td>
<td>Ms. Debbie Johnson, Chair, said the Executive Committee met on April 20, 2017 to review/discuss Mr. Larry Gage's recommendations for Governance and policies. The committee reviewed the recommendations with the intent of evaluating and considering for adoption. However, because of their complexity and potential impact on past and future policies, the Chair requested that staff first lay them out in a matrix and assess/clarify their relationship/impact on past and present policies or traditions. Once the matrix is reviewed by the Executive Committee, they will request feedback from the medical staff and the Board Members. Mr. Jerry McDowell, Vice Chair, said the ultimate intent is to get the Board of Trustees to review before the Executive Committee reconvenes and make a final recommendation.</td>
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<td>XI. Other Business</td>
<td>March Financials: Ms. Ella Watt gave an updated on the March Financials.</td>
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<td>XII. Closed Session</td>
<td>At 11:33 AM Ms. Debbie Johnson, Chair, requested a motion to close the Open Session of the meeting.</td>
<td>Mr. Jerry McDowell made a motion to move to Closed Session. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</td>
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<td>XIII. Certification</td>
<td>After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</td>
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<td>XIV. Vote to Re-Open Meeting</td>
<td>At 12:49 PM, Ms. Debbie Johnson, Chair, requested a motion be made to return the meeting to Open Session. Ms. Debbie Johnson, Chair, requested a motion be made that the Board accept/approve the Credentialing, Clinical Privileges, and Medical Staff Bylaws as presented by Dr. Robb McLean in Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept/approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session. Ms. Debbie Johnson, Chair, requested a motion be made that the Board approve the Medical Staff Bylaws as presented by Dr. Robb McLean in Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept/approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session. Ms. Debbie Johnson, Chair, requested a motion be made to approve the March 15, 2017 Medical Executive Committee (MEC) Meeting Minutes and the March 24, 2017 Performance Oversight Committee (POCEC) Meeting Minutes as presented in Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept/approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.</td>
<td>Ms. Christine Glidden made a motion to return to Open Session. Mr. Jerry McDowell seconded the motion. The motion passed unanimously. Mr. Jerry McDowell made a motion to accept/approve the Credentialing and Clinical Privileges. Ms. Aimee Smidt seconded the motion. The motion passed unanimously. Mr. Joseph Alarid made a motion to approve the Medical Staff Bylaws. Ms. Aimee Smidt seconded the motion. The motion passed unanimously. Ms. Aimee Smidt made a motion to approve the MEC and POCEC Meeting Minutes. Mr. Joseph Alarid seconded the motion. The motion passed unanimously.</td>
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<tr>
<td>XV. Adjournment</td>
<td>The next scheduled Board of Trustees Meeting will take place on Friday, May 26, 2017 @ 9:00 AM at the University of New Mexico Hospital in the Barbara &amp; Bill Richardson Pavilion 1500. There being no further business, Ms. Debbie Johnson, Chair, requested a motion to adjourn the meeting.</td>
<td>Ms. Christine Glidden made a motion to adjourn the meeting. Mr. Jerry McDowell seconded the motion. The motion passed unanimously. The meeting was adjourned at 12:55 PM.</td>
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Christine Glidden, Secretary
UNM Hospital Board of Trustees
<table>
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<th>Agenda Item</th>
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<tr>
<td>Voting Members Present</td>
<td>Debbie Johnson, Jerry McDowell, Christine Glidden, Joseph Alarid, Erik Lujan, Raymond Loretto, and Nick Estes</td>
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<tr>
<td>Ex-Officio Members Present</td>
<td>Stephen McKernan and Jennifer Phillips</td>
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<tr>
<td>I. Call to Order</td>
<td>A quorum being established, Ms. Debbie Johnson, Chair, called the meeting to order at 11:03 AM</td>
<td>Mr. Nick Estes made a motion to move to Closed Session. Mr. Joseph Alarid seconded the motion. There being no objections, the motion carried.</td>
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<tr>
<td>II. Closed Session</td>
<td>At 11:03 AM Ms. Debbie Johnson, Chair, requested a motion to close the Open Session of the meeting.</td>
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<tr>
<td>III. Certification</td>
<td>After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</td>
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<tr>
<td>IV. Vote to Re-Open Meeting</td>
<td>At 11:29 AM, Ms. Debbie Johnson, Chair, requested a motion be made to return the meeting to Open Session. Ms. Debbie Johnson, Chair, requested a motion be made that the Board accept/approve the Credentialing, Clinical Privileges as presented by Dr. Robb McLean in Closed Session to acknowledge, for the record, that those items were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept/approve the recommendations of those Committees as set forth in the minutes of those committee meetings and to ratify the actions taken in Closed Session. Ms. Debbie Johnson, Chair, requested a motion be made that the Board approve the April 19, 2017 Medical Executive Committee (MEC) Meeting Minutes as presented in Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept/approve the recommendations of those Committees as set forth in the minutes of those committee meetings and to ratify the actions taken in Closed Session.</td>
<td>Dr. Raymond Loretto made a motion to return Open Session. Mr. Joseph Alarid seconded the motion. The motion passed unanimously. Mr. Nick Estes made a motion to accept/approve the Credentialing and Clinical Privileges. Ms. Christine Glidden seconded the motion. The motion passed unanimously. Mr. Joseph Alarid made a motion to approve the April 19, 2017 Medical Executive Committee (MEC) Meeting Minutes. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>V. Adjournment</td>
<td>The next scheduled Board of Trustees Meeting will take place on Friday, June 2, 2017 @ 9:00 AM at the University of New Mexico Hospital in the Barbara &amp; Bill Richardson Pavilion 1500. There being no further business, Ms. Debbie Johnson, Chair, requested a motion to adjourn the meeting.</td>
<td>Ms. Christine Glidden made a motion to adjourn the meeting. Dr. Raymond Loretto seconded the motion. The motion passed unanimously. The meeting was adjourned at 11:30 AM.</td>
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Christine Glidden, Secretary
UNM Hospital Board of Trustees
1. **POLICY STATEMENT**
   It is the policy of the UNM Hospital Board of Trustees (BOT) to have a Quality and Safety Committee which will be responsible to provide oversight for the quality, clinical performance, credentialing and privileging, accreditation, licensing and risk management of clinical services for UNM Hospitals as delegated by the UNM Hospital Board of Trustees.

2. **APPLICABILITY**
   UNM Hospitals Board of Trustees

3. **POLICY AUTHORITY**
   UNM Hospital Board of Trustees
   UNM Hospital Lease and Delegation of Authority

4. **REFERENCES**

5. **DEFINITIONS**

6. **GENERAL INFORMATION AND DESIRED OUTCOME**
   The UNM Hospitals are part of UNM Health Sciences Center, a division of the University of New Mexico and are instrumentalities of a political subdivision of the State of New Mexico. The UNM Hospitals Quality and Safety Committee, as formed by and delegated by the UNM Hospital Board of Trustees, has the oversight responsibility to ensure that the UNM Hospitals have competent and qualified medical staff, remains appropriately accredited and licensed, and has systems to monitor and continuously improve the quality of care provided and minimize and monitor risk to patients, staff and the organization. The public’s confidence in the UNM Hospitals’ operational integrity is dependent upon the foundation of trust placed in the UNM Hospital Board of Trustees and its Committees.

7. **QUALITY AND SAFETY COMMITTEE STRUCTURE AND MEMBERSHIP**
   The UNM Hospitals Quality and Safety Committee is comprised of the Quality and Safety Committee Chair as appointed by the Board of Trustees plus three UNM Hospital Board of Trustees members, the Senior Associate Dean for Clinical Affairs or designee, and the Chief
of the Medical Staff. Establishment of quorum requires the participation of 3 voting members of the full Board of Trustees.

The UNM Hospitals Quality and Safety Committee will be supported by the UNM Hospital CEO, the Chief Medical Officer, the Chief Medical Safety Officer, the Administrator, Professional and Support Services, and the Administrator for Ambulatory Services. The UNM Hospitals Administrator, Professional and Support Services, and Administrator for Ambulatory Services serve as primary staff and advisors to the UNM Hospitals Quality and Safety Committee Chair. Ad hoc staff includes:

- Executive Director, Quality Outcomes Management
- Office of the University Counsel
- Director, UNM Hospital Medical Staff Affairs
- Other executives and staff as needed

8. QUALITY AND SAFETY COMMITTEE CHAIR AND COMMITTEE DUTIES

8.1 The UNM Hospitals Quality and Safety Committee Chair shall:

- Conduct the Quality and Safety Committee meetings
- Establish the Quality and Safety Committee calendar
- Direct the Quality and Safety Committee agenda
- Advance in closed session of the UNM Hospital BOT any Quality and Safety Committee recommendations regarding quality, clinical performance, credentialing and privileging, accreditation, licensing and risk management items related to these areas, and any other appropriate informational or approval items as may arise
- Advise the UNM Hospital Board of Trustees, as requested, on hospital quality, clinical performance, credentialing and privileging, accreditation, licensing and risk management items related to these areas
- Attend, or designate another Quality and Safety Committee member to attend, the UNM Hospital Quality Oversight Committee monthly meetings
- Ensure adequate operational knowledge and expertise of Quality and Safety Committee board members

8.2 The UNM Hospitals Quality and Safety Committee shall be authorized and expected to:

- Review and approve, by delegation of the full BOT, medical staff credentialing and privileging decisions for Medical Staff of the UNM Hospitals.
- Advance recommendations for all adverse actions, subject to appeal rights by a medical staff member under the UNMH Medical Staff Bylaws, for a vote by the full BOT
- Review and approve clinical quality priorities
- Review performance of UNM Hospitals Medical Staff and other staff
- Review risk management and liability issues related to the provision of clinical care, quality, credentialing and privileging, accreditation and licensing
• Review internal quality and safety scorecards and assure a quality improvement plan is in place for each parameter in the scorecard
• Review and recommend annually the Quality and Performance Improvement plan (QAPI)
• Monitor and report on patient access, outcomes and satisfaction issues
• Review and be briefed with recommendations on maintaining accreditation status
• Review and be briefed with recommendations on licensure status
• Advance to the UNMH BOT, any additional quality, clinical performance, credentialing and privileging, accreditation, licensing and risk management items as deemed appropriate by the voting members of the Quality and Safety Committee
• Other duties or responsibilities as delegated by the UNMH BOT

9. SUMMARY OF CHANGES
Replaces UNM Hospital Board of Trustees Performance Oversight and Community Engagement Committee dated November 4, 2011.

DOCUMENT APPROVAL & TRACKING

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Owner</td>
<td>Administration</td>
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<tr>
<td>Consultant(s)</td>
<td>UNM Hospital Quality and Safety Committee</td>
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<td>Y</td>
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<tr>
<td>Committee(s)</td>
<td>Sheena Ferguson, Chief Nursing Officer</td>
<td></td>
<td>Y</td>
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<tr>
<td>Nursing Officer</td>
<td>Irene Agostini, Chief Medical Officer</td>
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<td>Y</td>
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<tr>
<td>Medical Director/Officer</td>
<td>Sara Frasch, HR Administrator UNMH</td>
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<td>N</td>
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<td>Human Resources</td>
<td>Ella Watt, Chief Financial Officer, UNMH</td>
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<td>N</td>
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<tr>
<td>Finance Officer</td>
<td>Scott Sauder, Sr. Associate University Counsel, UNM</td>
<td>06/02/2017</td>
<td>Y</td>
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<tr>
<td>Official Approver</td>
<td>Chair, UNM Hospital Board of Trustees</td>
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<td>Y</td>
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Official Signature: 
Date: 06/02/2017

Effective Date: 08/28/2003

Clinical Operations Policy Coordinator

ATTACHMENTS
N/A
UNMH currently provides contributions for executives into two retirement plans:

- 403(b): 7.5% of pay (up to IRS limits)
- 401(a): $8,000 — $53,000
Mercer partnered with UNMH to re-design the executive retirement plan structure:

- Best practice indicates that an employee should plan for a retirement income replacement ratio of 65-70% of pre-retirement earnings
- The current structure of the 403(b) and 401(a) plans do not allow executives to reach this target
The Why

- Retention of executive level talent
  - Training
  - Expertise
  - Recruitment

- Recruitment: time-to-fill executive positions for UNMH
  - 4 – 24 months

- For executives to reach 60-70% Income Replacement, need additional contributions to make up for limited social security allocations
Proposed Approvals

- 401(a) Plan – Current Plan Proposed Changes
  - Vesting: shift from immediate vesting to 5-year overlapping vesting
  - Target Date v. Stable Value fund
  - Removal of QDRO rules

- 415(m) Plan
  - New plan replacing previously approved 457(f)
  - Contributions above 401(a) limits
  - Goal to assist with retention
  - Goal to assist in meeting income replacement target
  - Plan design mirrors 401(a)
    - 5-year overlapping vesting
    - Target date funds
Thank you!
FOURTH AMENDMENT TO THE  
UNM HOSPITALS 401(a) PLAN

WHEREAS, the Regents of the University of New Mexico for its Public Operation
Known as UNM Hospitals (the "Employer") established the UNM Hospitals 401(a) Plan
(the "Plan") effective as of July 1, 2007; and

WHEREAS, the employer desires to amend the Plan to change the vesting provisions
under the Plan, to provide for the default investment fund and to remove the provision
related to qualified domestic relations orders; and

WHEREAS, Section 12.01 of the Plan authorizes the Board to amend the Plan in the
manner hereinafter provided;

NOW, THEREFORE, the Plan is hereby amended as follows:

I.

Effective July 1, 2018, the following definition is added to Section 2.01:

“Vesting Service” shall mean number of complete years and months a Participant has
been employed by the Employer.

II.

Effective July 1, 2018, Section 5.02 is amended to read as follows:

5.02 Investment Responsibility

Each Participant or his Beneficiary, if applicable, shall be responsible for the investment
of his Accounts under the Plan, utilizing Designated Funds made available under the
Plan. Plan fiduciaries shall not be liable for any investment losses which are the direct
and necessary result of investment directions given by a Participant or Beneficiary.
Participants are not entitled to seek or to rely on investment advice from any
representative of the Employer, but are encouraged to seek investment advice from
qualified independent investment advisors. The Fund may be invested in any investment
media offered by a legal reserve life insurance company admitted to issue life insurance
contracts in New Mexico (an "Insurer"), Investment Company, as defined in section
851(a) of the Code, or through investment in any common trust fund of any bank or trust
company, or through any investment proper and appropriate to be made by the Trustee
under the Trust Agreement. In the case a Participant does not make an investment
election, the Participant’s Accounts shall be invested in the appropriate target date fund
for the Participant’s age.
III.

Effective July 1, 2018, Article VI is amended in its entirely to read as follows:

A Participant shall at all times have a completed non-forfeitable interest in all amounts credited to his or her Account as of June 30, 2018.

A Participant’s vested interest in the portion if his or her Account attributable to Employer Contributions for each Plan Year with adjustment for investment experience attributable to Employer Contributions for that Plan Year commencing on and after July 1, 2018 shall be zero percent (0%) until the Participant has completed five (5) years of Vesting Service starting with the end of the Plan Year for which the Employer Contribution was made, at which time his vested interest in the portion of his account attributable to Employer Contributions for that Plan Year shall be one hundred percent (100%). The portion of the Participant’s Account attributable to each year’s Employer Contribution shall each separately be subject to vesting on the class year basis.

Notwithstanding the foregoing, a Participant shall be one hundred percent (100%) vested if (1) he or she is employed by the Employer on the attainment of his or her Normal Retirement Age, (2) the sate he or she becomes Disabled, the sate he or she dies, (3) the date he or she experiences an involuntary termination of employment without cause, (4) the date he or she has earned ten (10) year of Vesting Service and his or her years of Vesting Service plus age is equal to or greater than seventy (70), or (5) upon a change in control as defined under Code Section 409A

IV.

Section 7.02 is deleted in its entirely effective July 1, 2018.

Executed in Albuquerque, New Mexico on this ___ day of _____________________ 2017.

UNM HOSPITALS BOARD OF TRUSTEES

By: __________________________

Stephen W. McKernan
Chief Executive Officer
CERTIFICATE

UNM Hospitals Board of Trustees

I, ___________________________ Secretary of the UNM Hospitals Board of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution adopting the attached Fourth Amendment to the Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals 401(a) Plan as Amended Effective July 1, 2018. The resolution was adopted by the UNM Hospital Board of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the UNM Hospitals Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is not in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this ____ day of ________________ 2017.

__________________________________
Secretary

SUBSCRIBES AND SWORN TO BEFORE ME THIS ________ day of ________________ 2017.

__________________________________
Notary Public

My Commission Expires:

__________________________________
(Notary Seal)
Resolution of the UNM Hospitals Board of Trustees

WHEREAS, the UNM Hospitals Board of Trustees, ("Board") maintains UNM Hospitals 401 (a) Plan ("Plan"); and

WHEREAS, Article XII of the Plan allows the Board to amend the Plan from time to time; and

WHEREAS, the Board wishes to amend the Plan change the vesting provisions under the Plan to provide for the default investment fund and to remove the provision related to qualified domestic relations orders; and

WHEREAS, the Board wishes to authorize the proper officers of the Employer to do all acts and things necessary and proper to carry out the purpose of said Plan and to make amendments and changes, from time to time, to comply with the applicable sections of the Internal Revenue Code of 1986, as amended, and related Income Tax Regulations; and

WHEREAS, the amended Plan has been prepared and presented to the Board for approval.

NOW THEREFORE, BE IT RESOLVED THAT:

(1) The Fourth Amendment to the Plan effective July 1, 2018, copies of which have been presented to the Board at this meeting, is approved, ratified and affirmed effective as of the dates stated herein;

(2) The actions taken by the proper officers of this organization to adopt and effectuate the Fourth Amendment to the Plan are hereby ratified, approved and affirmed in all respects; and

(3) The proper officers of the Employer are hereby authorized to do all acts and things necessary and proper to carry out the purpose of said Plan and to make amendments and changes, if any, as may be necessary to comply with the applicable sections of the Internal Revenue Code of 1986, as amended, and related Income Tax Regulations.
UNM HOSPITALS

SUPPLEMENTAL 415(m)

RETIREMENT PLAN

Effective

July 1, 2018
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UNM Hospitals
Supplemental 415(m) Retirement Plan

INTRODUCTION

UNM Hospital Board of Trustees for its public operation known as UNM Hospitals ("Employer") adopts the UNM Hospitals Supplemental 415(m) Retirement Plan ("Plan") effective July 1, 2018.

The purpose of the Plan is to provide participants in the UNM Hospitals 401(a) Plan ("401(a) Plan") that portion of an Eligible Participant’s benefits that would otherwise be payable under the terms of the 401(a) Plan except for the limitations on benefits imposed by IRC Section 415.

The Plan is intended to comply with IRC Section 415(m) and, except as noted herein; the Plan shall operate in accordance with the 401(a) Plan and the policies and procedures adopted hereunder.
Article 1 DEFINITIONS

Section 1.1 Account
Account means a notational account maintained by the Plan Administrator for each Participant with respect to any interest under the Plan.

Section 1.2 Beneficiary
Beneficiary means any person designated by a Participant or otherwise entitled to receive benefits that may become payable hereunder after the death of such Participant.

Section 1.3 Board
Board means the UNM Hospital Board of Trustees or the Board of Regents of the University of New Mexico or such other decision-making body of UNM Hospitals.

Section 1.4 Code
Code means the Internal Revenue Code of 1986, as amended from time to time, subsequent to the date that this Plan is executed.

Section 1.5 Effective Date
Effective Date means July 1, 2018.

Section 1.6 Eligible Class
Eligible Class means the chief executive officer, the chief financial officer, the administrators and the executive directors of UNM Hospitals.

Section 1.7 Employer Contribution
Employer Contribution means the amount that the Employer contributes to the Plan as provided under Article 3.

Section 1.8 401(a) Plan
401(a) Plan means the UNM Hospitals 401(a) Plan.

Section 1.9 Normal Retirement Age
Normal Retirement Age means the date a Participant’s attained age sixty-five (65).
Section 1.10 Participant

Participant means any employee within the Eligible Class.

Section 1.11 Plan

Plan means the UNM Hospitals Supplemental 415(m) Retirement Plan.

Section 1.12 Plan Administrator

Plan Administrator means UNM Hospitals.

Section 1.13 Plan Year

Plan Year means the period beginning on July 1st and ending on the following June 30th.

Section 1.14 Rate of Pay

Rate of Pay means rate of pay as defined in the 401(a) Plan.

Section 1.15 Termination of Employment Date

Termination of Employment Date means the date a Participant has termination of employment under the 401(a) Plan.

Section 1.16 UNM Hospitals

UNM Hospitals, a hospital operated by a state institution of higher education with its principal offices in New Mexico, and (a) any successor which assumes the obligations of the Employer under this Plan, and (b) any predecessor which has maintained this Plan.

Section 1.17 Vesting Service

Vesting Service has the same meaning as under the 401(a) Plan.

Section 1.18 Construction

Where the following words and phrases appear in the Plan, they shall have the meanings specified below unless a different meaning is clearly required by the context. Capitalized terms used but not defined in this Plan shall have the meanings given to them in the 401(a) Plan.
Article 2 PARTICIPATION

Each member of the Eligible Class shall participate in the plan on and after the later of the Effective Date or the date an Employer Contribution is accrued pursuant to Article 3.
Article 3    CONTRIBUTIONS

Section 3.1  Commencement of Contributions

Notwithstanding anything herein to the contrary, contributions made to the Plan shall only commence when the contributions to the 401(a) Plan, calculated without considering the contribution limits described in Code Section 415(c), exceed the contributions allowable under Code Section 415(c).

Section 3.2  Employer Contributions

Employer Contributions to the Plan shall be determined by subtracting the amount determined under subparagraph (b) from the amount determined under subparagraph (a) herein:

(a)  The employer contribution under 401(a) Plan determined for the Plan Year disregarding any limitations on employer contributions that would be applicable under the 401(a) Plan to limit annual additions to the amount defined in Code Section 415(c).

(b)  The employer contribution under the 401(a) Plan actually made for the Plan Year.

Contributions shall commence under the Plan with the first payroll that occurs on or after the date upon which the employer contributions to the 401(a) Plan are limited by Code Section 415(c).

Section 3.3  Cessation of Contributions

No contributions to the Plan shall be made by or for a Participant after the payment of benefits to such Participant has commenced under the Plan.
Article 4       INVESTMENTS

For purposes of determining the deemed interest to be added to a Participant’s benefit under the Plan, his Employer Contributions shall be treated as if they were invested in accordance with the same instructions used to invest the Participant’s employer contributions under the 401(a) Plan, provided such instructions exclusively utilized are authorized and/or approved by UNM Hospitals. In the case a Participant does not make an investment election, the Participant’s Accounts shall be invested in the appropriate target date fund for the Participant’s age.
Article 5  PAYMENT OF BENEFITS

Section 5.1  Benefit Amounts

The benefits payable to or on behalf of a Participant under the Plan shall be equal to the Participant’s vested Account which shall be the sum of all vested Employer Contributions made under this Plan for the Participant increased or decreased as appropriate by the Participant’s investment factor.

A Participant’s investment factor shall be equal to the return that would have been realized on the Participant’s account balance had that balance been invested in accordance with the same instructions used to invest the Participant’s employer contributions under the 401(a) Plan, provided such instructions exclusively utilized are authorized and/or approved by UNM Hospitals.

Section 5.2  Commencement and Form of Payment

Benefits under the Plan will be paid in the same form and at the same time as payments under the 401(a) Plan.

Section 5.3  Beneficiary Designation

Upon commencing participation, each Participant shall designate a Beneficiary in such manner as provided by the Plan Administrator or its delegate. From time to time, the Participant may change his Beneficiary in such manner as provided by the Plan Administrator or its delegate and given to the Plan Administrator or its delegate. Upon such change, the rights of all previously designated Beneficiaries to receive any benefits under the Plan shall cease.

Further, to the extent there is no beneficiary designation under the Plan at the date of death of the Participant, or if the Beneficiary designated has died prior to the death of the Participant, or if the Participant has revoked a prior designation in writing filed with the Plan Administrator without having filed a new designation, then any death benefits which would have been payable to the Beneficiary hereunder shall be payable to Participant’s estate.

Section 5.4  Payments to a Beneficiary

In the event that a Participant dies prior to the payment of all benefits under the Plan, any unpaid benefits shall be payable no earlier than the first day of the month after the Participant’s Death.

Section 5.5  Vesting Provisions

A Participant’s vested interest in the portion of his or her Account attributable to Employer Contributions for each Plan Year with adjustments for investment experience
attributable to Employer Contributions for that Plan Year shall be zero percent (0%) until the Participant has completed five (5) years of Vesting Service starting with the end of Plan Year for which the contribution was made at which time his vested interest in his Employer Contributions for that Plan Year shall be one hundred percent (100%). The portion of a Participant’s Account attributable to each year’s Employer Contribution shall each separately be subject to vesting on the class year basis.

Notwithstanding the foregoing, a Participant shall be one hundred percent (100%) vested (1) if he or she is employed by the Employer on his or her Normal Retirement Age, (2) on the date he or she becomes Disabled, (3) on the date he or she dies, (4) on the date he or she experiences an involuntary termination of employment without cause, (5) on the date of a Change in Control of the Employer, or (6) on the date he or she has both earned ten (10) years of Vesting Service and his or her Years of Vesting Service plus age is equal to or greater than seventy (70).

Section 5.6  Non-Alienation Provisions

A Participant’s right to benefit payments under the Plan is not subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, attachment or garnishment by creditors of the Participant or the Participant’s Beneficiary.
Article 6  LOANS

No loans shall be permitted under the Plan.
Article 7 TRANSFERS OR ROLLOVERS

No transfers or rollovers shall be permitted to the Plan from another plan or from the Plan to another plan.
Article 8          UNFUNDED STATUS

Participants and their Beneficiaries will have no right or property interest in any assets held to support the liabilities created hereunder. Participants have the status of general unsecured creditors of the UNM Hospitals, and the Plan constitutes a mere promise by the UNM Hospitals to make benefit payments in the future. Any and all payments made to or on behalf of a Participant under the Plan shall be made from the general assets of the UNM Hospitals.
Article 9 PLAN ADMINISTRATION

Section 9.1 Powers and Duties

The Plan Administrator shall administer the Plan. It shall have the authority to interpret, construe, and implement the Plan, to adopt and review rules and regulations relating to the Plan and to make all other determinations relating to the administration of the Plan. Any decision or interpretation of any provision of the Plan adopted by the Plan Administrator shall be final and conclusive. The Plan Administrator may delegate authority to carry out these duties as described in Section 1.12. A Participant who is also delegated administrative authority under the Plan shall not participate in any decision involving any requests made by him or her or relating in any way solely to his or her rights, duties and obligations as a Participant under the Plan.

Section 9.2 Consultants

The Plan Administrator may employ such counsel, accountants, actuaries and other agents as it shall deem advisable. The UNM Hospitals shall pay the compensation of such counsel, accountants, actuaries and other agents and any other expenses incurred by the Plan Administrator in the administration of the Plan not already built into all products purchased to offset the liabilities created by the Plan.
Article 10  AMENDMENT AND TERMINATION

Section 10.1 Amendment

UNM Hospitals reserves the right to amend or to modify the Plan at any time by formal action of its Board or its delegate, including the right to amend or to modify the Plan retroactively, as long as the amendment or modification does not reduce a Participant’s benefits that accrued under the Plan prior to the earlier of the date on which such amendment is authorized or executed.

Section 10.2 Termination

UNM Hospitals reserves the right to terminate the Plan at any time by formal action of the Board, as long as the termination does not reduce a Participant’s benefits that accrued under the Plan prior to the date of such termination.
Article 11 GENERAL PROVISIONS

Section 11.1 Governing Law

Except to the extent superseded by federal law, the laws of the State of New Mexico shall be controlling in all matters relating to the Plan, including the construction and performance hereof, notwithstanding principles of conflicts of laws.

Section 11.2 Captions

The captions of Articles and Sections of the Plan are for convenience of reference only and shall not control or affect the meaning or construction of any of its provisions.

Section 11.3 Facility of Payment

Any amounts payable hereunder to any person who is under legal disability or who, in the judgment of the Plan Administrator, is unable to manage his financial affairs properly may be paid to the legal representative of such person or may be applied for the benefit of such person in any manner that the Plan Administrator may select, and any such payment shall be deemed to be payment for such person’s account.

Section 11.4 Withholding

To the extent required by the laws in effect at the time payments are made hereunder, UNM Hospitals shall withhold from such payments, any taxes required to be withheld for federal, state or local government purposes.

Section 11.5 Administrative Expenses

Except as provided in the products used to underwrite liabilities hereunder, all other expenses relating to the Plan and its administration shall be borne by the UNM Hospitals.

Section 11.6 Severability

Any provision of this Plan prohibited by the law of any jurisdiction, shall, as to such jurisdiction, be ineffective to the extent of such prohibition without invalidating the remaining provisions hereof.

Section 11.7 Liability

Except as otherwise expressly provided herein, no member of the Board of Trustees, no member of the Board of Regents, no delegate of the Plan Administrator, and no officer, employee or agent of the UNM Hospitals or the Plan Administrator (specifically including, but not limited to an employee of UNM Hospitals acting at the direction of the Plan Administrator) shall have any liability to any person, firm or corporation based on or arising out of the Plan, except in the case of gross negligence or fraud.
Section 11.8 Binding Effect

The Plan shall be binding upon and shall inure to the benefit of UNM Hospitals, its successors and assigns and each Participant and his heirs, executors, administrators and legal representatives.

Section 11.9 Adoption by Related Entities

An entity classified by the UNM Hospitals as a subsidiary or affiliate of the UNM Hospitals may become a party to this Plan and an Employer hereunder by delivering to the UNM Hospitals a written election on such form as the UNM Hospitals may require. With the consent of the UNM Hospitals, such entity shall become a Participating Entity hereunder as of an effective date approved by the UNM Hospitals and shall be subject to the terms and provisions of this Plan as then in effect or thereafter amended.
SIGNATURES

IN WITNESS WHEREOF, the Hospital has caused this Instrument to be executed but it duly authorized officer on this ___ day of ____________ 2017, but effective as of July 1, 2018.

REGENTS OF THE UNIVERSITY
OF NEW MEXICO FOR ITS
PUBLIC OPERATION KNOWN AS
UNM HOSPITALS

By _______________________

Title _______________________

Attest:

___________________________
CERTIFICATE

UNM Hospitals Board of Trustee

I, ___________________________ Secretary of the University of New Mexico Hospitals Board of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution adoption the UNM Supplemental 415(m) Retirement Plan effective July 1, 2018. The resolution was adopted by the University of New Mexico Hospital Board of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the University of New Mexico Hospital Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is not in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this ____ day of ___________________ 2017.

__________________________________
Secretary

SUBSCRIBES AND SWORN TO BEFORE ME THIS _______ day of ___________________ 2017.

__________________________________
Notary Public

My Commission Expires:

__________________________________
(Notary Seal)
Resolution of the UNM Hospitals Board of Trustees

WHEREAS, the UNM Hospitals Board of Trustees, ("Board") would like to adopt the UNM Hospitals Supplemental 415(m) Retirement Plan ("Plan"), a copy of which is attached; and

WHEREAS, the Board wishes to authorize the proper officers of the employer to do all acts and things necessary and proper implement the Plan; and

NOW THEREFORE, BE IT RESOLVED THAT:

(1) The Plan is hereby adopted effective July 1, 2018; and

(2) The proper officers of the Employer are hereby authorized to do all acts and things necessary and proper to implement the Plan.
MISSION: Excellence

UNM Hospitals Board of Trustees
June 2, 2017
LEADing to Excellence

• Professional development for our leaders
• Quarterly
• Last session 884 participants

Up Next!

• Two full days: June 5-6, 2017
• General & Break-out Sessions
• Networking event
General Sessions

- *Stretching through Connecting*—constraints as opportunities instead of barriers
- *Behaviors of Excellence*—implementation plan
- *Tough Conversation Skills*—a core competency!
- *Accountability Tools & Senior Leader Rounding*
Breakout Sessions

- AIDET Coaching for Leaders
- HCAHPS 101
- Effective Dyad
- Working More Effectively (Time Management)
- SMART Goal Setting
- MISSION: Excellence 101
- Anger in the Workplace
- Best Practice Showcase
THANK YOU!
MEMORANDUM

To: Board of Trustees
From: Stephen McKernan
Chief Executive Officer
Date: May 24, 2017
Subject: Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on services delivered through April.

Quality: Quality indicators are stable with the prior year and have shown some improvement recently. The focus is around those events that are also tracked by CMS and Vizient. The principal issues are related to infections and other events like lacerations and punctures. We will continue to provide updates at the Board and Committee meetings. We believe that the Mission Excellence project will hold the organization to higher standards for patient safety outcomes. The goals are to move to a three star rating in the Vizient quality and safety measurement system within a year.

Statistics: UNMH has stable and increasing patient activity. Patient days were the same as the prior year. Discharges are running 3% higher than the prior year. Clinic visits increased 1% above the prior year. The Case Mix Index is 6% above the prior year. The Emergency Room increase is 4% above the prior year. The number of surgeries increased 5%. The number of births has decreased 2%. Overall activity is being recorded at about 8% greater than the prior year with a significant proportion of that increase represented by the Case Mix Index increase of 6% above the prior year.

Financial: UNMH had revenues that were equal to the budget and 4% greater than the prior year. The expectation was that the revenues for the Hospital will drop from the prior year based on the rate cuts. The improvement in the Case Mix Index and the improvement in clinical activity have resulted in higher revenues that projected earlier in the year, but in line with the original budget. Expenses are recorded very close to budget and are about 5% above the prior year mostly due to salary and supplies expenses. The expenses related to supply and pharmacy items have grown $12 million on a base of $111 million or 10% compared to the prior year. This is a nationwide issue. There is a current focus in the organization to align the expenses with the revenues with the goal of improved efficiency. The full time equivalent employees are about 3% greater than the prior year, although when adjusted for workload they are equivalent to the prior year. In the month of April the paid FTE’s were 50 below the prior year in April.

The balance sheet is stable with cash having increased slightly. Net capital assets are $13 below the prior year as depreciation has exceeded capital expenditures. Accounts receivable are below the year end amount. The current ratio has risen slightly compared to year-end and all debt covenants have been met.

Strategic Planning: The Board has been working with a consultant on its governance processes and the Executive Committee met to review the recommendations and will report at the June meeting.

The planning related to the replacement hospital is progressing. The next step of planning will be reviewing the recommendation with the State Board of Finance and then returning to the Regents for a final recommendation.
Management is also reviewing the last Strategic Plan that was presented about 4 years ago and after discussing with the Board is preparing a RFP to engage a firm to initiate this process this summer with a target date for completion by the end of the calendar year.

**Human Resources:** The turnover rates are now around 14% for the full workforce and 15% for nurses as a subset, about the same for the past year. We have almost 85 less employees on a base of 6,265 from the past year. We have decreased the total compliment of nurses by 70 on a base of 2,088 from the past year.

UNM Health System is continuing the journey on Mission Excellence and is using the Studer Group as a consultant. The organization has another quarterly Leadership Training Session next week, which will be a two day event that will feature significant skill building sessions. A briefing will be provided at the meeting to review the status of the engagement.

**Native American Liaison:** UNM Hospital Board created the Native American Liaison Committee to review compliance with the condition of the 1952 Contract, the Lease and the two Consents to amend the Lease. There is a request to review the Hospital compliance with the 100 bed provision of the Contract. We have provided a legal opinion about UNM’s interpretation of the provision and are waiting for an opportunity to engage in a dialogue on the matter. We have gotten a request on the areas of focus for service from the IHS for the budget for Fiscal Year 2018. We will host the All Pueblo Council of Governors here on June 15 for their month meeting and will provide an update from the Hospital.

**Bernalillo County:** Management has been interacting with the County and the Indian Health Service on the next steps to develop the Memorandum of Understanding. All parties have each of the others party’s evaluations of the last version of the County’s MOU draft.

If there are any questions on this or other matters, please feel free to contact me.
To: Board of Trustees

From: Irene Agostini, MD
UNMH Chief Medical Officer

Date: May 25, 2017

Subject: Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of April 2017 was 9 hours and 30 minutes for April 2016 it was 7 hours and 32 minutes, this is an increase in wait time of just over 2 hours. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

   - We sent 14 patients to an SRMC Inpatient unit instead of placing at UNM Hospital.

2. The Community Partnership with Lovelace Health system continues to be successful in putting the needs of the “Patient First”, allowing continued access to those patients that can only be cared for by UNMH. In the month of April:

   - 45 patients were triaged from the UNM Health System to Lovelace Health System inpatient units.

3. The ALOS (average length of stay) for adults at UHMH for April 2017 was slightly lower at 6.47 as compared to April 2016 which was 6.94. The FYTD 2017 ALOS is 6.67 which is an improvement over FYTD 2016 when it was 7.0. We continue to hardwire processes to decrease our ALOS while accept higher acuity patients by planning for discharges upon patient admit, removing barriers and escalating needs. This proactive planning of patient discharge will continue to evolve as we identify and address barriers and shift focus.

4. The Physician Advisory Group (PAG) provider engagement and satisfaction work continues. Our “Mission Excellence” journey is well underway with proven tools, expectations and behaviors. Our Leading to Excellence retreat will consist of two full days on June 5th and 6th, this will be the first retreat of its kind and will mark one year on our unwavering journey to Excellence.

5. UNMH and Surgical Directions consultants continue the passionate work of optimizing our Surgical Services with a solid foundational structure. The work of creating reliable and consistent process to serve the needs of New Mexican’s has shown good results. In the month of April the UNMH OR has a 71.2% On-Time start of all cases which has been stable for the last several months.

   The team has begun to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. The overall target is 55 minutes, for the month of April the TOT was 60.26 minutes for the UNMH OR. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.
UNMH MEDICAL STAFF
CHIEF OF STAFF REPORT TO BOARD OF TRUSTEES
MEETING OF JUNE 2ND, 2017

Clinical/ Quality/Patient Safety/Regulatory

- Genesis Bear Canyon Healthcare has now opened (Skilled Nursing Facility) and will improve care and reduce re-admissions. (May MEC)
- Chair presentations have started on clinical quality efforts in each department. (April MEC)
- Stellar Consultant Award was given by Primary Care providers was announced to Dr. Matt Bouchanville of Internal Medicine Endocrinology Department. (April MEC)

Research

- Dr. Leslie Morrison, Professor Emerita in the department of Neurology and Pediatrics is retiring and will be missed. Her research on inherited congenital cavernous hemangiomas that disproportionately affects New Mexico Hispanics contributed to a new study demonstrating the powerful effect of intestinal bacteria on brain health. This study was published in the journal Nature on May 10th.

Education

- Last year the Office of Community Faculty was opened to build and steward the relationship with all University of New Mexico Community Faculty and now there have been named regional ambassador faculty. The goal is to strengthen and build the relationship between UNM School of Medicine and community faculty and their communities.
- PA program celebrates 20 years!

Diversity

- The Combined BA/MD Degree Program turns 10! The first BA/MD graduates are entering practice.

Community

- Collaboration with Department of Family and Community Medicine and First Choice Community Clinics hopes to place faculty physicians in FQHCs.
What is an Academic Health Center (AHC)?

- Neither purely academic institution, nor purely healthcare provider
- Multiple colleges and centers
  - Engage in spectrum of discovery
  - Educate future workforce
  - Driver of best practices
  - Clinical enterprise serves as platform
- Compete in marketplace
- Engine for community and economic growth
- May be part of larger university
Why have an AHC?

- Exist to improve health and relieve burden of illness in society
- Synergistic action and integration of education, research, clinical and community activities
- Sources and uses of funds are broader
- Fill role(s) that would otherwise not

Images: Medical University of South Carolina, https://www.musc.edu/chp
Synergy
Pointing the way to innovation in treatment of health and disease

- Synergy with university & partners
- Next generation workforce
- Latest advancements in care
- Innovation

Research
Education
Clinical

Improved Healthcare
- Platform for advancement of four missions
- Largest classroom
- Clinicians’ practice
- Conduct patient-based research
- State-of-the-art care
- Patient serves as partner in education and research
### Environmental Assessment

<table>
<thead>
<tr>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Highly competitive funding environment</td>
</tr>
<tr>
<td>• Rapidly changing technology and funding landscape</td>
</tr>
<tr>
<td>• Building spectrum of research activity involving community engagement and advancing technologies through clinic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Advancing technologies:</td>
</tr>
<tr>
<td>• Simulation</td>
</tr>
<tr>
<td>• Virtual learning environment</td>
</tr>
<tr>
<td>• Interprofessional education</td>
</tr>
<tr>
<td>• Competency-based curricula</td>
</tr>
<tr>
<td>• GME funding</td>
</tr>
<tr>
<td>• Student debt/tuition model</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health System</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ACA and healthcare reform:</td>
</tr>
<tr>
<td>• Value, outcomes and risk</td>
</tr>
<tr>
<td>• Primary care and continuum of care</td>
</tr>
<tr>
<td>• Strategic partnerships: Medicaid expansion, HIX</td>
</tr>
<tr>
<td>• Quality and patient safety</td>
</tr>
<tr>
<td>• Tertiary and specialty care</td>
</tr>
<tr>
<td>• Efficiency and increased capacity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pipeline to enhance delivery</td>
</tr>
<tr>
<td>• Place-Based Wealth Initiative</td>
</tr>
<tr>
<td>• Technology transfer</td>
</tr>
<tr>
<td>• Community health initiatives</td>
</tr>
</tbody>
</table>
UNM HSC Strategic Planning Process

- Developed new Vision, Mission and Value statement in 2012
- Aligned with UNM plan
- Large effort to incorporate both UNM HSC academic enterprise and UNM Health System planning
- Established goals with strategies and tactics
- Metrics created (part of performance plans)
- Aligned with finances and costs
Strategic Planning Structure

UNM Health Sciences Center
Unified Strategic Plan

HSC Academic Units Strategic & Operating Plans
- School of Medicine
- College of Pharmacy
- College of Nursing
- College of Population Health
- HSC Office of Research
- Office of Community Health
- Etc.

HSC Health System Strategic & Operating Plans
- UNM Hospitals
- Sandoval Regional Medical Center
- UNM Medical Group
Planning Links to Budget and Operation

Strategic Planning

Budget Preparation

Commitment to Strategic Items

Clinical: HS Joint Operational Plan
• Head of each unit possesses skill, entrepreneurship, and oversight to grow and contract resources they control
• Each unit develops strategy and action plan aligned with overall, unified plan
• Each unit focuses on its own revenues and expenses
• Core Group monitors progress
• This has helped catapult our institution to national prominence
**Vision**

The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state.

**Mission**

*We will:*

Provide an opportunity for New Mexicans to obtain an excellent education in health sciences.

Advance health discovery and innovation in the most important areas of human health.

Ensure that all populations in New Mexico have access to the highest quality health care.

**Values**

Our mission is guided by our values of:

- Excellence in education, patient care and research
- Commitment to service, quality and safety
- Integrity and accountability
- Respect and compassion for all people
- Teamwork and collaboration
- Providing hope for those we serve

**Strategic Goals**

1. Improve public health and health care to those we serve
2. Build the workforce of New Mexico by providing a premier education
3. Translate our research and discoveries into clinical or educational practice
4. Enable our people and programs to do their best
5. Deliver a well-integrated academic health center that provides the safest and highest quality clinical care
6. Enhance depth, diversity, integrity and transparency
Definition and Processes

Vision

Permanent Aspirations
Goal
Indicators of Success
Strategy
Measure
Tactic
Metric

5-Year Objective
1-Year Objective
### UNM HSC Goals

In order to realize our Vision and Mission, we will achieve the following goals.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| 1. Improve Public Health & Health Care                              | • Community Engagement  
• Network & Partnerships                                                   |
| 2. Build NM Workforce through Premier Education                     | • Production & Retention  
• Transform Education                                                       |
| 3. Translate our Research into Clinical or Educational Practice     | • Nationally Recognized Programs  
• Economic Activity  
• State-of-the-art Practice                                                |
| 4. Enable our people and programs to do their best                   | • IT Organization  
• Excellence  
• Operations                                                               |
| 5. Deliver a well-integrated academic health center that provides the safest and highest quality clinical care | • Quality & Safety  
• Exceptional Patient Experience  
• Coordination of Care  
• System Integration & Efficiency  
• Financial Stability  
• Strategic Growth                                                           |
| 6. Enhance depth, diversity, integrity and transparency              | • Academic Depth  
• Diversity                                                                 |


What does HSC look like in 2020? Build NM Workforce by Providing a Premier Education

**Strategy: Production & Retention**
- Increased licensed health care professionals in NM

**Strategy: Transform Education**
- UNM West completed
- IPE program in place
- Technology platform disrupting education delivery
- “On demand learning”

**Shortage of NM Primary Care Physicians**

Image: http://perspectives.3ds.com/tag/surgery/
What does HSC look like in 2020?
Translate and Integrate our Research into Clinical, Educational, and Community Impact

**Strategy: Nationally Recognized Programs**
- Growth

**Strategy: Economic Activity**
- Create Jobs and Economic Development

**Strategy: State-of-the-Art Practice**
- High Resolution Health
- Personalized Medicine Research
- Large Cooperative Network

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**Growth of HSC Funding vs. Growth of NIH Funding**

- UNM HSC
- NIH


2017: $195 Million

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UNM HEALTH SCIENCES CENTER

65/75
ECL's Integrated Science Environment is based on the Wolfram Language and provides a wide array of functions to aid in plotting and visualizing scientific data, as well as running physical simulations and calculations.

Experiments, data, analysis, results, and even scientific figures can be exported to files, shared online with team members, or published on the web for all to see.

EXAMPLES

Check out a small sampling of the more than 3,000 functions available in the ECL.

http://emeraldcloud.com/how-it-works
What does HSC look like in 2020?
Deliver a well-integrated AHC that Provides the Safest and Highest Quality Clinical Care

- “Flipped” Clinics; Mobile Technology
- High Resolution Health Through Integration in Research
- Integrate Genetic, Social, and Environmental Determinants of Health and Support Strategies with Clinical Care
- New Payment Models
Grapeless Wine and Cowless Milk Technology Will Impact Healthcare

Clinical Implications

- On Demand Production
- Diet, Nutrition
- Patient Focus

Questions?
II. Executive Summary

The Patient Assistance Department and the Patient Assistance Coordinator are responsible for receiving and responding to complaints and grievances from patients, visitors and staff. Per the CMS Conditions of Participation, a written response must be sent for any grievance within 7 days and resolution of the grievance within 30 days. The definition of a grievance per the Conditions of Participation is a formal or informal written (letter, e-mail or fax) or verbal complaint that is made to the hospital by a patient, or the patient’s representative, regarding the patient’s care (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR.489.

II. Data from Reporting Committee

Patient Grievance and Patient Compliments totals for past 7 months

<table>
<thead>
<tr>
<th></th>
<th>Grievances</th>
<th>Compliments</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2016</td>
<td>48</td>
<td>37</td>
</tr>
<tr>
<td>November 2016</td>
<td>51</td>
<td>24</td>
</tr>
<tr>
<td>December 2016</td>
<td>46</td>
<td>9</td>
</tr>
<tr>
<td>January 2017</td>
<td>46</td>
<td>44</td>
</tr>
<tr>
<td>February 2017</td>
<td>40</td>
<td>52</td>
</tr>
<tr>
<td>March 2017</td>
<td>41</td>
<td>12</td>
</tr>
</tbody>
</table>
Top Types of Grievances YTD

Dissatisfied with Care
Communication about Care
Attitude/Behavior of Employee
Outpatient Scheduling

III. Accomplishments

The number of patient grievances remains stable.

Average 2013 86 grievances per month.
Average 2014 53 grievances per month.
Average 2015 48 grievances per month
Average 2016 40 grievances per month

IV. Action Items

- Continue to work with individual units and floors to handle patient complaints at the unit/clinic level to prevent patient grievances.
- Continue to improve responses when risk management is involved in the case.

PRIVILEGED AND CONFIDENTIAL - The information contained herein was acquired or generated by, for and/or on behalf of a "review organization" (RO) as defined in the Review Organization Immunity Act (ROIA), §41-9-1 et seq., NMSA 1978, for the purposes of evaluating and improving the quality of health care services rendered by the University of New Mexico Health Sciences Center. You are hereby instructed that: (1) All such information or documents shall be held in strict confidence and shall not be disclosed except to the extent necessary to carry out one or more of the purposes of the RO; (2) No person who is a member or employee of, or who acts in an advisory capacity to, or who furnishes counsel or services to a RO shall disclose what transpired at a meeting of a RO except to the extent necessary to carry out one or more of the purposes of the RO; and (3) Any such disclosure as described in (1) or (2) above not authorized by ROIA constitutes a petty misdemeanor punishable by imprisonment for up to 6 months or a fine up to $100.00, or both.
Performance Oversight and Community Engagement Committee (POCEC)

Community Engagement Report

May 19, 2017

I. Executive Summary

The Fourth Quarter Community Meeting was held on March 30 2017 at the North Valley Senior Center on 4th Street. The event was attended by a couple of community health navigators from community providers. UNMH staff provided a brief update around UNM Hospital’s patient programs, access, and financial services programs. There was significant discussion primarily around the different financial assistance programs available to UNMH patients and how to access and apply for services.

II. Data from Reporting Committee

N/A

III. Action Items

Continue to meet with the community on items of interest, provide information and answer questions.
UNM HOSPITAL BOARD OF TRUSTEES
Finance, Audit and Compliance Committee Meetings
Wednesday, May 24, 2017 at 11:00 AM
UNM Hospitals Administration, Large Conference Room

Objectives
- Provide compliance oversight of UNM Hospitals.
- Provide audit oversight of UNM Hospitals.
- Provide financial and human resources oversight of UNM Hospitals.

Compliance Committee Meeting: Did not meet

Audit Committee Meeting:

I. Approval of meeting minutes from April 26, 2017

II. FY 17 Financial Statement Audit Entrance Conference – Presented by John Kennedy and Jaime Caven - KPMG

Finance Committee Meeting:

I. Approval of meeting minutes from April 26, 2017

III. Consent Items
    a. Philips Healthcare – Presented by Ella Watt
    b. Intuitive Surgical, Inc. – Presented by Ella Watt
    c. 401 (a) Plan 4th Amendment – Presented by Sara Frasch
    d. 415 (m) Retirement Plan – Presented by Sara Frasch

IV. FY 17 UNM Hospital’s financial information for the ten months ended April 30, 2017 – Presented by Ella Watt

V. CEO Update – No updates given

VI. Human Resources Update – No updates given
# UNM Hospital Board of Trustees
## Native American Liaison Committee

**Date:** April 26, 2017  
**Time:** 1:00 PM  
**Location:** Large Conference Room, UNM Hospital Administration

### Meeting Attendees
Jerry McDowell, Kristina Sanchez, Rodney McNease, Christine Glidden, Pablo Padilla, Scot Sauder, Erik Lujan

### Minutes

<table>
<thead>
<tr>
<th>Agenda # /Subject</th>
<th>Status / Discussion</th>
<th>Action / Next Step</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I.</strong> Call To Order –</td>
<td>Mr. McDowell brought the meeting to order</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>II.</strong> Approval of Agenda –</td>
<td>Motion made by Ms. Glidden</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td><strong>III.</strong> Approval of Minutes –</td>
<td>Motion made by Mr. Lujan</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td><strong>IV.</strong> Public Comment –</td>
<td>There was no Public Comment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>V.</strong> Discussion of Agenda for June Consultation meeting.</td>
<td>Mr. Lujan requested to add discussion of the pathways program and UNMH Mental Health Services Mil Levy funding to the consultation discussion. In addition there is the need to add the Addictions presentation that Dr. Bhatt provided to the full UNMH Board of Trustees at the March Meeting to the agenda. Need to verify if there is sufficient time allocated to cover all issues. The consultation is currently scheduled for June 15th starting at 9AM.</td>
<td></td>
<td>Kristina Sanchez, Misty Salaz</td>
</tr>
<tr>
<td><strong>V.</strong> Discussion of 100 bed preference issue.</td>
<td>Mr. Sauder provided an overview of the current discussions and history of the documents under discussion. Mr. Sauder has provided information to Mr. Padilla on UNMH interpretations of this issue. Mr. Padilla and Mr. Sauder will meet to discuss this issue prior to the next meeting with the hope to produce a recommendation back to the committee in the next couple of months. There was also discussion around developing an implementation plan based on the legal opinion provided by Mr. Sauder and Mr. Padilla. There will need to be education and training provided to frontline and clinic staff to understand any changes from current policy and practice. Mr. McNease and Ms. Sanchez will work to develop an implementation plan.</td>
<td>Scot Sauder, Pablo Padilla, Rodney McNease, Kristina Sanchez</td>
<td></td>
</tr>
<tr>
<td><strong>VII.</strong> Bernalillo County Update –</td>
<td>Brief discussion of the status of the proposed MOU with Bernalillo County and IHS around the hospital lease. The MOU is still in discussion between the parties.</td>
<td>Accepted as information</td>
<td></td>
</tr>
<tr>
<td><strong>VII.</strong> New Business –</td>
<td>There was no new business</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VII.</strong> Adjournment –</td>
<td>Meeting was adjourned</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Finance and Audit Committee Dashboard Report

**Year To Date as of April 2017**

<table>
<thead>
<tr>
<th>Metric</th>
<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
<th>YTD Budget</th>
<th>Prior YTD</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Days for UNMH</td>
<td></td>
<td>↑</td>
<td>↓</td>
<td>93,872</td>
<td>94,986</td>
<td>94,225</td>
<td>IP Days Down from PYTD and budget in ICU and Med Surg</td>
</tr>
<tr>
<td>Adult Discharges for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>15,463</td>
<td>15,817</td>
<td>14,935</td>
<td>Discharges up from Previous year</td>
</tr>
<tr>
<td>Adult Average Length of Stay for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>6.07</td>
<td>6.01</td>
<td>6.31</td>
<td>LOS for Adult Days and Adult OBS has decreased from Prior YTD</td>
</tr>
<tr>
<td>UHC Risk Based Adj ADULT LOS for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>6.03</td>
<td>6.06</td>
<td>7.26</td>
<td>Current YTD is thru Jan, 2017, PYTD is thru Jan, 2016</td>
</tr>
<tr>
<td>Adult Observation Equivalent Patient Days</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>8,651</td>
<td>8,145</td>
<td>9,410</td>
<td>SAC/MEDSurg Increased from budget</td>
</tr>
<tr>
<td>Pediatric Days for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>34,500</td>
<td>34,157</td>
<td>33,940</td>
<td>Pediatric days up from PYTD and budget</td>
</tr>
<tr>
<td>Pediatric Discharges for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>3,753</td>
<td>3,669</td>
<td>3,754</td>
<td>Pediatric discharges increased from budget</td>
</tr>
<tr>
<td>Pediatric Observation Discharges</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>1,331</td>
<td>1,058</td>
<td>1,413</td>
<td>Pediatric OBS Discharges down from previous year and up from budget</td>
</tr>
<tr>
<td>Outpatient Clinic Visits for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>430,299</td>
<td>427,610</td>
<td>424,683</td>
<td>Outpatient Visits up from PYTD and budget, primarily in primary care</td>
</tr>
<tr>
<td>Emergency Department Visits for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>67,089</td>
<td>62,796</td>
<td>64,577</td>
<td>Emergency Department Visits Up from PYTD and budget</td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>14,118</td>
<td>19,500</td>
<td>11,783</td>
<td>Urgent care visits up from PYTD</td>
</tr>
<tr>
<td>Operations</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>17,187</td>
<td>17,371</td>
<td>16,399</td>
<td>Operations up from PYTD</td>
</tr>
<tr>
<td>Newborn Days for UNMH</td>
<td></td>
<td>↑</td>
<td>↓</td>
<td>4,200</td>
<td>4,253</td>
<td>4,400</td>
<td>In line with declining trend in births</td>
</tr>
<tr>
<td>Births</td>
<td></td>
<td>↑</td>
<td>↓</td>
<td>2,421</td>
<td>2,499</td>
<td>2,477</td>
<td>In line with declining trend in births</td>
</tr>
<tr>
<td>Days for all Behavioral Operations</td>
<td></td>
<td>↑</td>
<td>↓</td>
<td>19,298</td>
<td>20,085</td>
<td>19,318</td>
<td>Decreased from PYTD and budget in UPC and CPC</td>
</tr>
<tr>
<td>Visits for all Behavioral Operations</td>
<td></td>
<td>↑</td>
<td>↓</td>
<td>128,287</td>
<td>125,012</td>
<td>117,393</td>
<td>Increased from PYTD and budget</td>
</tr>
<tr>
<td>UNM Care Enrollment</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>6,616</td>
<td>6,720</td>
<td>18,633</td>
<td>6,616 Medicaid applications processed</td>
</tr>
<tr>
<td>Net Income (Loss) for all Operations</td>
<td></td>
<td></td>
<td></td>
<td>&gt; $0</td>
<td>$299</td>
<td>$2,284</td>
<td>$11,505 Prior year reflects $6.8M in non recurring adjustment</td>
</tr>
<tr>
<td>(in thousands)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Mix Index (CMI) - w/o newborn</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>1.968</td>
<td>1.864</td>
<td>1.864</td>
<td>Reflects efforts of SPHE team and CDI efforts</td>
</tr>
<tr>
<td>Re-Admission Rates</td>
<td></td>
<td>↓</td>
<td>↑</td>
<td>10.42%</td>
<td>9.50%</td>
<td>8.01%</td>
<td>Patients re-admitted within 30 days of discharge, thru Jan, 2017, PY through Jan, 2016 as reported by UHC</td>
</tr>
<tr>
<td>Days Cash on Hand for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>59.01</td>
<td>33.21</td>
<td>93.58</td>
<td></td>
</tr>
</tbody>
</table>

### Human Resources:

- **FTEs (Worked) per adj patient day for all Operations**: 5.53, 5.58, 5.17
- **Hours of Care - UNMH Nursing**: 75/75, 17.56, 17.01, 17.83
- **Paid FTE's for UNMH, BHOs, CC**: 6,232, 6,115, 6,038

### Note:
- Newborn Days for UNMH: In line with declining trend in births
- Births: In line with declining trend in births
- Days for all Behavioral Operations: Decreased from PYTD and budget in UPC and CPC
- Visits for all Behavioral Operations: Increased from PYTD and budget
- UNM Care Enrollment: 6,616 Medicaid applications processed
- Net Income (Loss) for all Operations: > $0, $299, $2,284, $11,505 Prior year reflects $6.8M in non recurring adjustment
- Case Mix Index (CMI) - w/o newborn: 1.968, 1.864, 1.864 Reflects efforts of SPHE team and CDI efforts
- Re-Admission Rates: 10.42%, 9.50%, 8.01% Patients re-admitted within 30 days of discharge, thru Jan, 2017, PY through Jan, 2016 as reported by UHC
- Days Cash on Hand for UNMH: 59.01, 33.21, 93.58